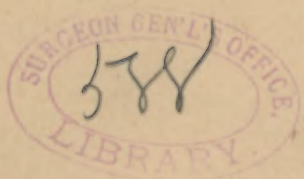


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A case of Ritter's disease



presented by the author





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## A CASE OF RITTER'S DISEASE.

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THE curious and exceedingly rare dermic condition of the new-born which has been designated by the name of Ritter, who first scientifically described the disease, and is also known as dermatitis exfoliativa infantum vel neonatorum, or, as Ballantyne terms it, keratolysis neonatorum, is an acute cutaneous disease characterized by a primary hyperemia, followed by an excessive exfoliation of the epidermis, and accompanied at times by a vesicular or bullous formation, and by a high mortality. It is more common in male than in female children, and the disease generally appears in the second week, and is very rare after the fourth or fifth week. At first apparently healthy, the infant suddenly develops an erythematous flush upon the face or buttocks, which soon becomes general; there is no fever, nor is there any gastric disturbance to be noted. An exfoliation of the epidermis quickly follows, the cuticle falling off in large flakes. In a very short time a new epidermis is formed, and the entire process, occupying a week or two, may be unaccompanied by systemic manifestations. In many cases, however, there will develop complications, as diarrhea, pneumonia, or marasmus, and the child ultimately perishes from exhaustion or from loss of body-heat due to the removal of so much of the epidermis. Eczema and subcutaneous boils are occasionally to be noted as sequelæ.

The case about to be reported is a typical instance of this interesting affection. The mother, Mrs. G., was a *tertipara* of 37 years

of age, her two previous pregnancies having been normal in every respect. When seven months of the present pregnancy had elapsed her youngest child, 3 years of age, developed a mild attack of scarlatina, which ran an uneventful course, and was followed by the usual amount of desquamation. No untoward symptoms were manifested by the mother, nor did she notice any unusual fetal manifestations. The gestation proceeded in a normal manner to term, and the patient was delivered on the evening of May 7, 1896, of a female child, after a labor of but two hours' duration. This was followed, however, by a smart attack of postpartum hemorrhage, which left the patient in quite an exhausted condition. The child was large and well-formed, and to all intents absolutely healthy. On the seventh day, however, the mother called attention to a curious flushing of the surface of the body, including the face, which was unattended by fever, vomiting, or other systemic manifestations. This increased in intensity until the ninth day, when there occurred an epidermic desquamation, large flakes of skin rolling up over the body and eventually falling off. There was no febrile reaction, nor during the period of desquamation did the temperature fall at any time below the normal, while the child, except for its peculiar appearance, seemed absolutely well, and took the nipple in the usual manner. By the end of the second week the disease had run its course. During the heat of the following July and August the infant passed through a severe attack of summer complaint, from which it rallied, although in a greatly emaciated and debilitated condition. It has suffered more or less from seborrhea of the scalp, and the mother states that its skin is unusually sensitive, responding promptly to the slightest source of irritation.

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This case is especially interesting as substantiating the theory that the disease in question is a sequence of some form of intrauterine exanthem. It is believed that the fetus has been the subject of one of the exanthemata in a mild form, the cutaneous lesion of the disease only manifesting itself some days after birth. The fact that another child in the family had suffered from scarlatina during the later months of the gestation, and the well-recognized predisposition of the *fetus in utero* to acquire the zymotic diseases, are at least strong reasons for believing that there was in this instance an association between the two diseases. When we remember that

the prognosis of Ritter's disease is grave, fully fifty per cent. of the infants perishing from the causes already mentioned, the mild course of the disease in the present instance adds another source of interest to the case. Contrary to the usual rule the child was a female; otherwise the course and history of the disease was typical of the milder form. The treatment of the dermatitis should consist in the application of some emollient ointment, as of ichthyol, resorcin, or boric acid; protection of the denuded surface with cotton; and the administration of good milk and tonics, with proper attention to hygiene.



